

## Homewatch Calls Release Waiver

I, \_\_\_\_\_, wish to participate in Homewatch Calls and I understand the following:

- This service is provided as a public service and there is no cost to participate in the program.
- The service can be terminated at any time in the future.
- Technical problems and human error could result in a call not being completed on any given day.
- This service is not intended to replace any actions that individuals normally perform with respect to their health and safety. In particular, this includes contacting your physician when not feeling well or calling 911 in times of an emergency.
- Any information gathered, while provided on a voluntary basis, will be treated in a confidential manner.
- Calls are made Monday through Friday only.
- All enrollees are instructed to let Homewatch Caregivers know if they are not expected to be home to receive a telephone call.
- The participant, his/her heirs or assignees, hereby waives, releases and holds harmless Homewatch Caregivers Seacoast Region and any employees against any claim for direct, incidental or consequential damages arising from any act or omission in connection with this service.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Homewatch  
CareGivers**

*Let our family care for yours.™*

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## Homewatch Calls Enrollment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Photo: Yes \_\_\_ No \_\_\_

Lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Neighbor/Local Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Family Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Issues Helpful to Know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Desired time to call: \_\_\_\_\_